

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
**(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
09825895

FILING DATE  
04-05-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
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TOTAL IND.	12		12		12	
TOTAL DEP.	1		1		1	
TOTAL CLAIMS	3		3		3	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			12		12	
TOTAL DEP.			1		1	
TOTAL CLAIMS	3		3		3	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy